

Civil Action No. 6:22-cv-00021-SEH

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Jacqueline Lavelle, Superintendent of Grant-Kohrs Ranch
 was received by me on *(date)* 3/28/22 . National Historic Site

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,
 on *(date)* , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* , who is
 designated by law to accept service of process on behalf of *(name of organization)*

on *(date)* ; or

☐ I returned the summons unexecuted because ; or

☒ Other *(specify)*: Mailed via Postal Service Certified First Class Mail, Return Receipt Requested to
 Jacqueline Lavelle, Superintendent of Grant-Kohrs Ranch National Historic Site.
 Included was Case No. 22-cv-00021-SEH Complaint (Quiet Title) [Doc. 1] and Summons
 [Doc. 6-3].

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 5/20/22



Server's signature

Rose Dumont, Legal Assistant

Printed name and title

Crowley Fleck PLLP, 305 South 4th Street East, Missoula, MT 59801

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION: ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Jacqueline Lavelle Superintendent of Grant-Kohrs Ranch National Historic Site 266 Warren Lane Deer Lodge, MT 59722</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>SHAW CONNORS</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0001 0001 3772</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>DEER LODGE, MT 59722 MAR 28 2022</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	